

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

TEXIENNE ONCOLOGY CENTERS, §
P.L.L.C. AND TEXIENNE HOSPITAL §
SYSTEMS, L.P., §

Plaintiffs, §

v. §

HEALTH CARE SERVICE §
CORPORATION d/b/a BLUE CROSS AND §
BLUE SHIELD OF TEXAS, §

Defendant.

CIVIL ACTION No. _____

§ (Removed from the District Court of Harris
§ County, Texas, 295th Judicial District, Cause
§ No. 2020-09243)

DECLARATION OF CHERYL L. BLOUNT

1. My name is Cheryl L. Blount. I am over the age of eighteen (18) years and am fully competent in all respects to make this Declaration. I have personal knowledge of the facts set forth herein, and they are true and correct. I am an associate at Reed Smith LLP in Houston, Texas and am counsel for Health Care Services Corporation, a Mutual Legal Reserve Company operating in Texas as Blue Cross and Shield of Texas, Defendant in the above-referenced case.

2. I personally visited the website for the Secretary of State of Texas on March 25, 2020, and accessed its SOS Direct system, which permits the public to search for information and publicly filed documents regarding foreign and domestic business organizations doing business in the State of Texas. The address of the SOS Direct system is: <https://direct.sos.state.tx.us>.

3. The SOS Direct system contains records for Texienne Oncology Centers, P.L.L.C. and Greater Houston Physician's Medical Association, P.L.L.C. These records reflect that Greater Houston Physician's Medical Association, P.L.L.C. filed its Certificate of Formation on July 16, 2009, which I found in the "Filing History" for " Texienne Oncology Centers,

P.L.L.C." on the SOS Direct system. The only "Organizer" and "Governing Authority" listed in the Certificate of Formation is Asit Choksi, M.D. at 8850 Six Pines Dr., The Woodlands, Texas 77380. Attached as Exhibit C-1 is a true and correct copy of the Certificate of Formation. I also reviewed the Certificate of Amendment filed by Greater Houston Physician's Medical Association, P.L.L.C. on November 23, 2016 wherein it amended its name to Texienne Oncology Centers, PLLC. Attached as Exhibit C-2 is a true and correct copy of the Certificate of Amendment. The Certificate of Amendment was signed by Asit Choksi. Finally, I reviewed the most recent Public Information Report filed by Texienne Oncology Centers, LLC on September 13, 2019. Attached as Exhibit C-3 is a true and correct copy of the Public Information Report. This Public Information Report lists only Asit Choksi under the section requiring identification of each "officer, director, member, general partner or manager," although it lists a new address for Asit Choksi in Spring, Texas. No other documents filed by Greater Houston Physician's Medical Association, P.L.L.C. or Texienne Oncology Centers, PLLC on the SOS Direct system show any change or addition to its members.

4. The SOS Direct system contains records for Apollo Hospital Systems, L.P. and Texienne Hospital Systems, L.P. These records reflect that Apollo Hospital Systems, L.P. filed its Certificate of Formation on June 30, 2011, which I found in the "Filing History" for "Texienne Hospital Systems, L.P." on the SOS Direct system. Attached as Exhibit C-4 is a true and correct copy of the Certificate of Formation for Apollo Hospital Systems, L.P. The only general partner listed in the Certificate of Formation is Apollo Hospital Management Company L.L.C. A review of the SOS Direct system for Apollo Hospital Management Company L.L.C. reveals a Certificate of Formation also filed on June 30, 2011. Attached as Exhibit C-5 is a true and correct copy of the Certificate of Formation for Apollo Hospital Management Company

L.L.C. The Certificate of Formation lists Asit Choksi as its Managing Member and provides no other members. I also reviewed the Certificate of Amendment filed by Apollo Hospital Systems, L.P. on January 24, 2017 wherein is amended its name to Texienne Hospital Systems, L.P. Attached as Exhibit C-6 is a true and correct copy of the Certificate of Amendment for Apollo Hospital Systems, L.P. Finally, I reviewed the most recent Public Information Report filed by Texienne Hospital Systems, L.P. on October 15, 2019. Attached as Exhibit C-7 is a true and correct copy of the Public Information Report. This Public Information Report was signed by Asit Choksi as the "General Partner". No other documents filed by Apollo Hospital Systems, L.P. or Texienne Hospital Systems, L.P. on the SOS Direct system show any change or addition to its partners.

5. I also personally visited the website for the Illinois Department of Insurance and searched its Company Profile Search system for "Health Care Service Corporation." The address of the Company Profile Search system is: <http://insurance.illinois.gov/applications/RegEntPortal/>. Attached as Exhibit C-8 is a true and correct screenprint of the entry for "Health Care Service Corporation," which I found in the Company Profile Search system.

6. The SOS Direct system also contains records for the entity formerly known as "Blue Cross and Blue Shield of Texas, Inc." and reflects that the entity merged with Health Care Service Corporation effective as of December 31, 1998. Attached as Exhibit C-9 is a true and correct copy of the Articles of Merger filed with the Texas Secretary of State on December 8, 1998, as Document No. 3112562, which I found in the "Filing History" for "Blue Cross and Blue Shield of Texas, Inc." on the SOS Direct system. Attached as Exhibit C-10 is a true and correct screenprint of the "Associated Entities" screen for Blue Cross and Blue Shield of Texas, Inc.,

which I found on the SOS Direct system, which reflects that Health Care Service Corporation was the "Survivor" of the merger.

7. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on April 1, 2020.



Cheryl L. Blount

Jul. 16. 2009 4:51PM Kerr and Hendershot, PC

No. 0607 P. 3

FILED
In the Office of the
Secretary of State of Texas

JUL 16 2009

**CERTIFICATE OF FORMATION OF Corporations Section
GREATER HOUSTON PHYSICIAN'S MEDICAL ASSOCIATION, P.L.L.C.
A PROFESSIONAL LIMITED LIABILITY COMPANY**

This certificate of formation is submitted for filing pursuant to the applicable provisions of the Texas Business Organizations Code.

Article I - Entity Name and Type

The name and type of filing entity being formed are: Greater Houston Physician's Medical Association, P.L.L.C., a Texas professional limited liability company (hereinafter "Company").

Article II - Purpose

The purpose for which the Company is organized is for providing professional medical services and services ancillary thereto, namely provide medical and oncology services. Company may provide such services and activities that a professional limited liability company is authorized to perform pursuant to the Texas Business Organizations Code.

Article III - Registered Office and Registered Agent

The initial registered agent is an individual resident of the state whose name is Simon W. Hendershot, III. The business address of the initial registered agent and the initial registered office is: 1800 Bering, Suite 600, Houston, Texas 77057.

Article IV - Principal Office

The address of the Company's principal office in this state is: 8850 Six Pines Drive, The Woodlands, Texas 77380.

Article V - Organizer

The name and address of the organizer is:

<u>Name</u>	<u>Address</u>
Asit Choksi, M.D.	8850 Six Pines Drive The Woodlands, Texas 77380

Article VI - Governing Authority

The company shall be managed by its Manager. The name and address of the person who is to serve as a Manager until the first annual meeting of the company's Member or until successors are elected and qualified is:

<u>Name</u>	<u>Address</u>
Asit Choksi, M.D.	8850 Six Pines Drive The Woodlands, Texas 77380

Article VII - Effective Date of Filing

This certificate of formation becomes effective when the document is filed by the secretary of state.

Jul. 16. 2009 4:51PM Kerr and Hendershot, PC

No. 0607 P. 4.

Article VIII - Execution

This document is signed subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: July 16, 2009

A handwritten signature in black ink, appearing to be 'AS' followed by a long horizontal stroke.

Asit Chokal, M.D.

Form 424 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: See instructions	 Certificate of Amendment	Filed in the Office of the Secretary of State of Texas Filing #: 801147559 11/23/2016 Document #: 701454750004 Image Generated Electronically for Web Filing
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Entity Information
The filing entity is a: <u>Domestic Limited Liability Company (LLC)</u>
The name of the filing entity is: <u>Greater Houston Physician's Medical Association, P.L.L.C.</u>
The file number issued to the filing entity by the secretary of state is: <u>801147559</u>
Amendment to Name
The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:
The name of the filing entity is:
<u>Texienne Oncology Centers, PLLC</u>
A letter of consent, if applicable, is attached. <u>name change consent_signed.pdf</u>
Statement of Approval
The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.
Effectiveness of Filing
<input type="checkbox"/> A. This document becomes effective when the document is filed by the secretary of state. <input checked="" type="checkbox"/> B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is: <u>November 24, 2016</u>
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.
Date: <u>November 23, 2016</u> <div style="text-align: right;"> <u>Asit Choksi</u> Signature of authorized person </div>

FILING OFFICE COPY

President / CEO

Asit J. Chokst, M.D.

Oncology/Hematology

Asit J. Chokst, M.D.
David Ellent, M.D.
Sandeep Kodityal, M.D.
Yelena Bracchini, M.D.
Lin Lin Liu, M.D.
Henna Malik, M.D.
Ajay Mitter, M.D.

Radiation Oncology

Kathryn Lewis, M.D.
Waqar Haque, M.D.
Rebekah Maymani, M.D.

Endocrinology

Ullupi Chokst, M.D.
C.K. Wong, M.D.

**Internal Medicine /
Family Practice**

Angela Y. Nunnery, M.D.
Allan H. Daniels, M.D.
Mary Cavnar-Johnson, M.D.
Aurora Yllana-Sheppard, M.D.
Kim Elliott, M.D.
Edward L. McCoig, M.D.
Elizabeth Coon-Nguyen, M.D.
Jennifer Dang, M.D.
Jeffery Lambert, M.D.
Mark Westbrook, M.D.
Noel Han, M.D.
Arlean M. Bullard, M.D.
John V. Peet, M.D.
R. Jason Laringham, M.D.
R. Jeremy Laringham, M.D.
Steven Chon, M.D.
Vestal Caperton, M.D.
James Baker, M.D.
Jody Caldwell, M.D.
Randall Martin, M.D.
Joel Kerschbaum, M.D.
Brent Allmon, M.D.
Paul Decker, M.D.
Christopher Robertson, M.D.
Joel Nachimson, M.D.
Peter Bigler, M.D.
Jennifer Chilek, M.D.
Jeremy McWilliams, M.D.
Cotton Peray, M.D.
Lance Peray, M.D.
Kimberly Zabal, M.D.
Jenissa Belsha, M.D.
Erika Brito, M.D.

Cardiology

Harmohinder Bhatia, M.D.

General Surgery

Michael Morris, M.D.
Mahsa Mossadegh-Sorn, M.D.
Kent Kossoy, M.D.
Rick Brown, M.D.

ENT

Todd Andrews, M.D.
Michael Streitmann, M.D.
Andrew Nida, M.D.

Pain Management

Ankur Khosla, M.D.
William Yancey, M.D.

Plastics

Michael Streitmann, M.D.

Orthopedic Surgery

David Navid, M.D.
Shawn Mansour, M.D.
Michael Blackwell, M.D.

Hospitalists

Irena Gelman, M.D.
Steven K. Chon, M.D.

Gastroenterology

E. Gordy Alam, M.D.
Maninder Guram, M.D.

Podiatry

Stephen Moore, DPM
Elthymios Gkotsoulas, DPM

Chiropractic

Kevin Keyes, D.C.
Ryan Roeder, D.C.

Rheumatology

Randall Johnson, M.D.
Frank Parke, M.D.

General/Hand Surgery

Mark Ciaglia, D.O.

CV Surgery

Stephen Mariscalco, M.D.
John Davis, M.D.
JC Walkes, M.D.

Pulmonology

Akinyinka Ajelabi, M.D.

Infectious Disease

Charles Sima, M.D.
Marcela Campo, M.D.

Gynecological

Oncology

Nefertiti duPont, M.D.

Greater Houston Physicians Medical Association

November 23, 2016

To whom it may concern,

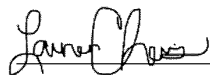
Dear Sir/Madam,

I, Lauren Chavis have name reservation for Texienne Oncology Centers and I'm also the registered agent for Greater Houston Physicians Medical Association, PLLC.

I give consent for Greater Houston Physicians Medical Association, PLLC to be changed to Texienne Oncology Centers, PLLC.

Sincerely,

Lauren Chavis

 11/23/16

9201 Pinecroft Dr
The Woodlands, TX 77380

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

3 2 0 3 9 9 2 7 2 9 1

2 0 1 9

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name Texienne Oncology Centers LLC		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 9303 PINECROFT DR SUITE 280		Secretary of State (SOS) file number or Comptroller file number 0801147559	
City SPRING	State TX	ZIP code plus 4 77380	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 9303 PINECROFT DR SUITE 280, SPRING, TX, 77380
Principal place of business 9303 PINECROFT DR SUITE 280, SPRING, TX, 77380

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!**This report must be signed to satisfy franchise tax requirements.**

1000000000015

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name ASIT CHOKSI	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration 1 2 3 1 5 0
Mailing address 9303 PINECROFT DR SUITE	City SPRING	State TX	ZIP Code 77380
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution None	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

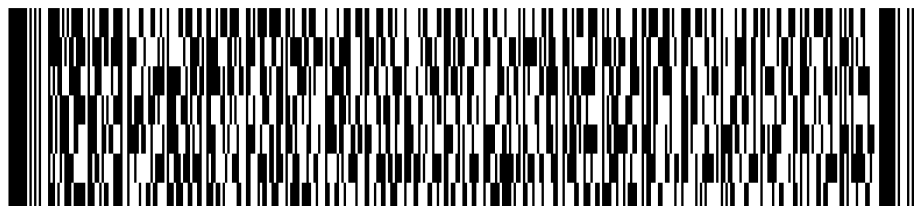
Name of owned (parent) corporation, LLC, LP, PA or financial institution None	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: **DR ASIT CHOKSI**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office: 9303 PINECROFT DR SUITE 280	City SPRING	State TX	ZIP Code 77380
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.

sign here	ASIT CHOKSI	Title Partnership Representa	Date 09/13/2019	Area code and phone number (281) 844 - 6909
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Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TRANSMITTER ID = PROSERIES

TLN = 00047338605

Form 207 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: \$750	 Certificate of Formation Limited Partnership	Filed in the Office of the Secretary of State of Texas Filing #: 801446464 06/30/2011 Document #: 374363040005 Image Generated Electronically for Web Filing
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Article 1 - Entity Name and Type

The filing entity being formed is a limited partnership. The name of the entity is:

Apollo Hospital System L.P.

The name must contain the words "Limited Partnership," or "Limited," or the abbreviation "L.P.," "LP," or "Ltd." The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 - Principal Office

The address of the principal office in the United States where records of the partnership are to be kept or made available is set forth below:

22698 Professional Drive, Kingwood, TX, USA 77339

Article 3 – Registered Agent and Registered Office

☒ A. The initial registered agent is an organization (cannot be limited partnership named above) by the name of:
Apollo Hospital Management Company L.L.C.

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:
22698 Professional Drive Kingwood TX 77339

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

Article 4 - General Partner Information

The name and address of each general partner are as follows:

General Partner 1: (Business Name) **Apollo Hospital Management Company L.L.C.**

Address: **22698 Professional Drive Kingwood TX, USA 77339**

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its


signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Signature of General Partner 1: **Asit Choksi**

FILING OFFICE COPY

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: \$300	 Certificate of Formation Limited Liability Company	Filed in the Office of the Secretary of State of Texas Filing #: 801446452 06/30/2011 Document #: 374363040004 Image Generated Electronically for Web Filing
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Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Apollo Hospital Management Company L.L.C.

Article 2 – Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:
Cynthia West

C. The business address of the registered agent and the registered office address is:

Street Address:
22698 Professional Drive Kingwood TX 77339

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☐ A. The limited liability company is to be managed by managers.

OR

☒ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Managing Member 1: Asit Choksi	Title: Managing Member
Address: 46 S Windsail PL The Woodlands TX, USA 77381	

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Cynthia West **22698 Professional Drive Kingwood TX 77339**

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:


Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Cynthia West

Signature of Organizer

FILING OFFICE COPY

Form 424 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709 Filing Fee: See instructions	 Certificate of Amendment	Filed in the Office of the Secretary of State of Texas Filing #: 801446464 01/24/2017 Document #: 710320130004 Image Generated Electronically for Web Filing
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Entity Information
The filing entity is a: <u>Domestic Limited Partnership (LP)</u>
The name of the filing entity is: <u>Apollo Hospital System L.P.</u>
The file number issued to the filing entity by the secretary of state is: <u>801446464</u>
Amendment to Name
The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:
The name of the filing entity is:
<u>Texienne Hospital Systems L.P.</u>
A letter of consent, if applicable, is attached. <u>Consents.pdf</u>
Statement of Approval
The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.
Effectiveness of Filing
<input type="checkbox"/> A. This document becomes effective when the document is filed by the secretary of state.
<input checked="" type="checkbox"/> B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is: <u>January 25, 2017</u>
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.
Date: <u>January 24, 2017</u> <div style="text-align: right;"> <u>Asit Choksi</u> Signature of authorized person </div>

FILING OFFICE COPY



9201 Pinecroft Drive
Shenandoah, Tx 77380

January 24, 2017

To whom it may concern,

Dear Sir/Madam,

Apollo Hospital Management Company L.L.C. is the general partner and registered agent for Apollo Hospital Systems, L.P. and remains so at this time.

Dr. Asit Choksi is 100% owner of Apollo Hospital Management Company L.L.C. and Lauren Chavis is the registered agent for Apollo Hospital Management Company L.L.C.

We Asit Choksi (Owner and President of Apollo Hospital Management Company L.L.C) and Lauren Chavis (Registered agent for Apollo Hospital Management Company L.L.C) are requesting a name change from Apollo Hospital Systems L.P. to Texienne Hospital Systems L.P.

Sincerely,

A handwritten signature in black ink, appearing to be 'AS', followed by a horizontal line.

Apollo Hospital Management Company, L.L.C. (General Partner of Apollo Hospital Systems L.P.)
By Asit Choksi, President

A handwritten signature in black ink, appearing to be 'AS', followed by a horizontal line.

Asit Choksi, MD
100% owner, Apollo Hospital Management Company L.L.C. (General Partner of Apollo Hospital Systems L.P.)

A handwritten signature in black ink, appearing to be 'Lauren Chavis', followed by a horizontal line.

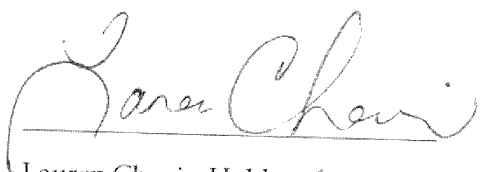
Lauren Chavis
Registered Agent, Apollo Hospital Management Company L.L.C. (Registered Agent for Apollo Hospital Systems L.P.)

January 23, 2017

To whom it may concern,

Dear Sir/Madam,

I, Lauren Chavis am the holder of name reservation "Texienne Hospital Systems". I filed for name registration for "Texienne Hospital Systems" on December 20, 2016 at 26207 Oak Ridge Drive, The Woodlands, Texas 77380. Thank you.

A handwritten signature in cursive script that reads "Lauren Chavis". The signature is written in dark ink and is positioned above a horizontal line.

Lauren Chavis, Holder of name reservation "Texienne Hospital Systems".

TX2019
05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Ver. 10.0

■ Tcode 13196

FIELD MAIL

Taxpayer number 32044558131		Report year 2 0 1 9		You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.	
Taxpayer name APOLLO HOSPITAL SYSTEMS, LP				<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 22698 PROFESSIONAL DR				Secretary of State (SOS) file number or Comptroller file number	
City KINGWOOD	State TX	ZIP code plus 4 77339			
<input type="checkbox"/> Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.					
Principal office 22698 PROFESSIONAL DR, KINGWOOD, TX 77339					
Principal place of business					

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!**This report must be signed to satisfy franchise tax requirements.**

0461178237019

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name APOLLO HOSPITAL SYSTEMS, LP	Title GP	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 22698 PROFESSIONAL DR	City KINGWOOD	State TX	ZIP Code 77339
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent:			
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here ASIT CHOKSI	Title General Partner	Date 10/15/19	Area code and phone number (281) 844-6909

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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1030



05-102
(Rev. 9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

FIELD MAIL

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name APOLLO HOSPITAL SYSTEMS, L.P.		City Longwood		State TX	ZIP code plus 4 77359	Secretary of State (SOS) file number or Comptroller file number 32044558131
Mailing address 22098 Professional Dr.						

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.



1000000000000

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name APOLLO Hospital Management	Title General Partner	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 2209 Pinecroft Dr.	City	State	ZIP Code
Name ASH CHOKSI	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 2209 Pinecroft Dr.	City Spring	State TX	ZIP Code 77380
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

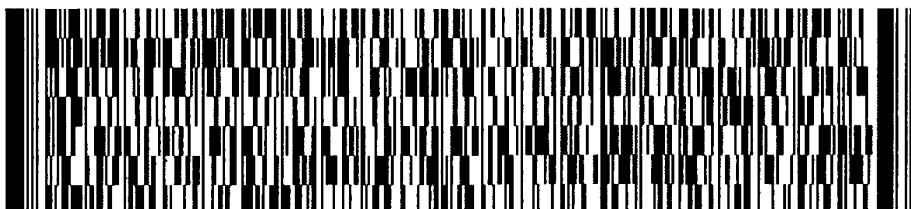
Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title	Date	Area code and phone number () -
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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4/1/2020

Illinois Department of Insurance - Company Search



Legal Name: HEALTH CARE SERVICE CORPORATION, a Mutual Legal Reserve Company
Company Type: LAH Domestic Mutual
Domicile: Chicago, Illinois
Parent Company:
Status: Active
FEIN: 36-1236610
NAIC Code: 917 70670
Incorporated Date: 10/1/1936

Accident & Health Expense Information

Addresses

Administrative Mailing	Corporate Home
300 E Randolph St Chicago, IL 60601 5099	300 E Randolph St Chicago, IL 60601 5099

Phone Numbers

Business	Business
(312) 653-6000	(800) 624-1723

[<-- Back to Search Results](#)

**ARTICLES OF MERGER OF
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL
RESERVE COMPANY d/b/a BLUECROSS BLUESHIELD OF ILLINOIS,
AN ILLINOIS CORPORATION, AND
BLUE CROSS AND BLUE SHIELD OF TEXAS, INC.,
A TEXAS CORPORATION**

In the Office of the
Secretary of State of Texas
DEC 08 1998

Pursuant to the provisions of Article 5.07 of the Texas Non-Profit Business Corporation Act, the undersigned corporations adopt the following Articles of Merger for the purpose of merging Blue Cross and Blue Shield of Texas, Inc. into Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois:

1. The names of the undersigned corporations and the State under the laws of which they are respectively organized are:

<u>NAME OF CORPORATION</u>	<u>STATE</u>
Blue Cross and Blue Shield of Texas, Inc.	Texas
Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois	Illinois

2. The laws of the State under which such foreign corporation is organized permit such Merger.
3. The name of the surviving corporation is Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois, and it is to be governed by the laws of the State of Illinois.
4. The Amended Plan and Agreement of Merger is attached hereto and was approved by the undersigned domestic corporation in the manner prescribed by the laws of the State under which it is organized.
5. As to the undersigned domestic corporation, the Amended Plan and Agreement of Merger was adopted in the following manner:

The Amended Plan and Agreement of Merger was adopted at a meeting of the board of directors held on April 26, 1996, and received the vote of a majority of the directors in office, there being no members having voting rights in respect thereof.
6. Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois, the surviving corporation, hereby: (a) agrees that it may be served

Articles of Merger of Blue Cross and Blue Shield of Texas, Inc. and Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois

Page 1

by process in the State of Texas in any proceeding for the enforcement of any obligation of the undersigned domestic corporation; and (b) irrevocably appoints the Secretary of State of Texas as its agent to accept service of process in any such proceeding.

7. The Amended Plan and Agreement of Merger has been approved by the Commissioner of Insurance of the State of Texas and the Director of Insurance of the State of Illinois in the manner prescribed by the laws of their respective States.

Dated: December 3, 1998.

BLUE CROSS AND BLUE SHIELD OF TEXAS, INC.

By: Rogers K. Coleman, President

And Jean A. Perkins, Secretary

HEALTH CARE SERVICE CORPORATION, A
MUTUAL LEGAL RESERVE COMPANY d/b/a
BLUECROSS BLUESHIELD OF ILLINOIS

By: Stephen F. O'Malley, President

By: Brian Van Vliet, Secretary

STATE OF TEXAS

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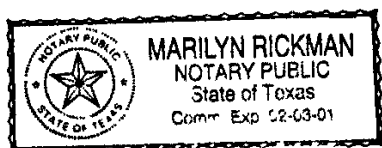
COUNTY OF DALLAS

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Before me, a notary public, on this day personally appeared Dr. Rogers K. Coleman, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 3rd day of December, 1998.



Marilyn Rickman
Notary Public, State of Texas

Articles of Merger of Blue Cross and Blue Shield of Texas, Inc. and Health Care Service Corporation, a Mutual Legal Reserve Company, d/b/a BlueCross BlueShield of Illinois

Page 2

STATE OF ILLINOIS

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COUNTY OF COOK

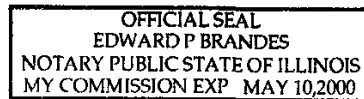
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Before me, a notary public, on this day personally appeared Raymond F. McCaskey, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 31 day of December, 1998.



Notary Public, State of Illinois



2020 JAN 14 PM 1:11

4/1/2020

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

TEXAS SECRETARY of STATE
RUTH R. HUGHS**BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

Filing Number: 7531501
Original Date of Filing: June 2, 1939
Formation Date: N/A
Tax ID: 17503076402
Duration: Perpetual
Name: BLUE CROSS AND BLUE SHIELD OF TEXAS, INC.
Address: 901 S CENTRAL EXPY
 RICHARDSON, TX 750807302 USA

Entity Type: Domestic Nonprofit Corporation
Entity Status: Merged
Non-Profit Type: N/A
FEIN:

REGISTERED AGENT	FILING HISTORY	NAMES	MANAGEMENT	ASSUMED NAMES	ASSOCIATED ENTITIES	
Name	Entity Type	Document Description	Filing Date	Entity Filing Number	Jurisdiction	Capacity
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY (IL NO PERMIT)	Other Entity/Organization			0	IL, USA	Survivor

Order

Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.